

RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 2883

Docket No.: 1614.1404

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Osamu TAKEUCHI et al.

Serial No. 10/849,192

Group Art Unit: 2883

Confirmation No. 7291

Filed: May 20, 2004

Examiner: Lepisto, Ryan a.

For: BLADE-TYPE OPTICAL TRANSMISSION APPARATUS

AMENDMENT AFTER FINAL REJECTION

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Attention: BOX AF

Sir:

This is in response to the Office Action mailed April 20, 2006, and having a period for response set to expire on July 20, 2006.

The following amendments and remarks are respectfully submitted. Reconsideration of the claims is respectfully requested.



S&H Form: (02/05)

REPLY/	AMENDMENT
FEE TR	RANSMITTAL

Attorney Docket No. 1614.1404 **Application Number** 10/849,192 Filing Date May 20, 2004 First Named Osamu TAKEUCHI et al. Inventor **Group Art Unit** 2883

				-555					
AMOUNT ENCLOSED	SED 0.00		Examiner Name L		Lepisto, Ryan a.	episto, Ryan a.			
FEE CALCULATION (fees effective 12/08/04)									
CLAIMS AS Claims Re AMENDED After Ame		maining Highest N		Number Extra	Rate	Ca	Calculations		
TOTAL CLAIMS	13	- 20 =		0	X \$ 50.00 =	\$	0.00		
INDEPENDENT CLAIMS	3	-	3 =	0	X \$ 200.00 =		0.00		
Since an Official Action set an <u>original</u> due date of <u>July 20, 2006</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months									
If Notice of Appeal is enclosed, add (\$500.00)									
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)									
Information Disclosure S									
Total of above Calculations =							0.00		
Reduction by 50% for fil									
TOTAL FEES DUE =							0.00		
(1) If entry (1) is less than entry (2), entry (3) is "0".									
(2) If entry (2) is less than 20, change entry (2) to "20".									
(4) If entry (4) is less than entry (5), entry (6) is "0".									
(5) If entry (5) is less than 3, change entry (5) to "3".									
METHOD OF PAYMENT									
Check enclosed as payment.									
Charge "TOTAL FEES DUE" to the Deposit Account No. below.									
No payment is enclosed.									
GENERAL AUTHORIZATION									

X If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit

any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935

Deposit Account Name

STAAS & HALSEY LLP

The Commissioner is also authorized to credit any overpayments or charge any additional fees required under \boxtimes 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR

1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name Thomas L. Jones 53,908 Reg. No. Signature Date ©2005 Staas & Halsey LLP